

JASPER COUNTY HEALTH DEPARTMENT  
MARIANNE NELSON, M.D.  
105 WEST KELLNER BLVD.  
RENSSELAER, IN.47978  
PHONE: 219-866-4917 FAX: 219-866-4108

**SEASONAL FOOD SERVICE ESTABLISHMENT APPLICATION**

**Please complete the following in it's entirety and submit 2 weeks prior to event!**

Establishment Name: \_\_\_\_\_  
Names of Events or Operations: \_\_\_\_\_  
Locations of Events: \_\_\_\_\_  
Dates of Events: \_\_\_\_\_  
Owners Name: \_\_\_\_\_  
Owners Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**A SEPARATE PERMIT IS REQUIRED FOR EACH UNIT THAT OPERATES!!**

Type of Set-Up: Trailer\_\_\_ Booth\_\_\_ Tent\_\_\_

List the food being sold: \_\_\_\_\_

**Please include a copy of your Serv Safe Certificate!!!**

Seasonal Permit Fee: \$50.00 and a copy of your driver's license

Not-for-Profit Exempt- No Fee -Tax ID Number: \_\_\_\_\_

Circle the one applies to your facility:

Sewage Disposal: Public Private

Water Supply: Public Private

Signature: \_\_\_\_\_ Date: \_\_\_\_\_